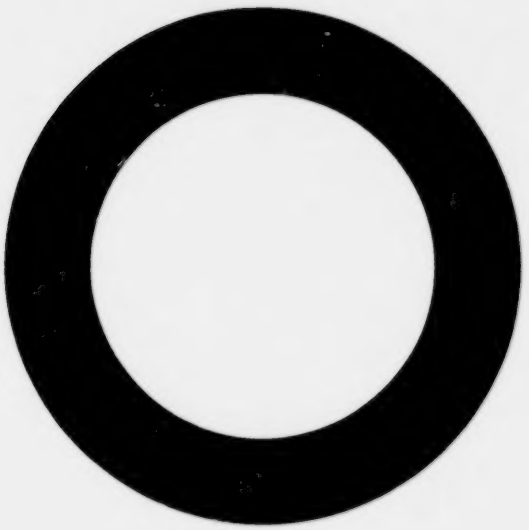

United Nations A/65/L.75

General Assembly

Distr.: Limited
6 June 2011

Original: English

Sixty-fifth session
Agenda item 23 (a)
Groups of countries in special situations: Fourth United Nations Conference on the Least Developed Countries

Argentina:* draft resolution

Programme of Action for the Least Developed Countries for the Decade 2011-2020

The General Assembly,

Recalling its resolution 63/227 of 19 December 2008, in which it decided to convene the Fourth United Nations Conference on the Least Developed Countries at a high level in 2011, as well as its resolutions 64/213 of 21 December 2009 and 65/171 of 20 December 2010,

1. *Expresses its profound gratitude* to the Government and the people of the Republic of Turkey for hosting the Fourth United Nations Conference on the Least Developed Countries in Istanbul from 9 to 13 May 2011, and for providing all the necessary support;

2. *Endorses* the Istanbul Declaration[1] and the Programme of Action for the Least Developed Countries for the Decade 2011-2020[2] adopted by the Fourth United Nations Conference on the Least Developed Countries, and calls upon all the relevant stakeholders to commit to implementing the Programme of Action.

* On behalf of the States Members of the United Nations that are members of the Group of 77 and China.

[1] A/CONF.219/L.1.

[2] A/CONF.219/3.

11-36445 (E) 070611

Please recycle

United Nations A/65/L.76

General Assembly

Distr.: Limited
8 June 2011

Original: English

Sixty-fifth session
Agenda item 66 (b)
Elimination of racism, racial discrimination, xenophobia and related intolerance: comprehensive implementation of and follow-up to the Durban Declaration and Programme of Action

Draft resolution submitted by the President of the General Assembly

Scope, modalities, format and organization of the high-level meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action

The General Assembly,

Recalling its resolution 64/148 of 18 December 2009, in which it, inter alia, called for the commemoration of the tenth anniversary of the Durban Declaration and Programme of Action adopted by the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance,[1]

Recalling also its resolution 65/240 of 24 December 2010, by which it decided to hold a one-day high-level meeting of the General Assembly, at the level of Heads of State and Government, on the second day of the general debate of the sixty-sixth session, on the theme "Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development",

1. *Decides* that the high-level meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action will be held on Thursday, 22 September 2011, consisting of an opening plenary meeting from 9 a.m. to 11 a.m., two consecutive round tables from 11 a.m. to 1 p.m. and from 3 p.m. to 6 p.m., and a closing plenary meeting from 6 p.m. to 7 p.m., and also decided that the morning meeting of the general debate on that day will be held from 11 a.m. to 1 p.m. and that that arrangement does not constitute a precedent;

2. *Also decides* that the speakers at the opening plenary will be the President of the General Assembly, the Secretary-General, the United Nations High Commissioner for Human Rights, the Head of State of South Africa, one speaker

[1] See A/CONF.189/12 and Corr.1, chap. I.

Please recycle

from each regional group and a representative of a non-governmental organization active in the field of racism, racial discrimination, xenophobia and related intolerance;

3. *Further decides* that the organizational arrangements of the round tables will be as follows:

(a) The round tables will address the overall theme of "Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development";

(b) Each round table will be co-chaired by two Heads of State or Government to be invited by the President of the General Assembly after consultations with the regional groups;

(c) In order to promote a substantive and constructive dialogue, participation in each round table will include Member States, observers, representatives of entities of the United Nations system and experts,[2] as well as selected representatives of civil society organizations and non-governmental organizations that are active in the field of racism, racial discrimination, xenophobia and related intolerance;

(d) Accredited delegates, observers and selected non-governmental organizations that are active in the field of racism, racial discrimination, xenophobia and related intolerance will be able to follow the proceedings of the round-table sessions in the overflow room;

(e) The proceedings of the round tables shall be webcast;

4. *Invites* the Holy See, in its capacity as observer State, Palestine, in its capacity as observer, and the European Union, in its capacity as observer, to participate in the preparatory activities and in the high-level meeting;

5. *Invites* the President of the General Assembly to draw up a list of representatives of civil society organizations, including non-governmental organizations active in the field of racism, racial discrimination, xenophobia, and related forms of intolerance and, taking into account the principle of equitable geographical representation, to submit the list to Member States for consideration on a no-objection basis, for participation in the high-level meeting;

6. *Reiterates* its call for States to be represented at the high-level meeting, at the highest possible political level, including at the level of Heads of State and Government;

7. *Decides* that the closing plenary meeting will comprise the presentation of summaries of the discussions by the Co-Chairs of the round tables and the adoption of a short and concise political declaration aimed at mobilizing political will.

[2] See A/C.5/65/12, sect. IV, para. 8 (b).

United Nations A/65/L.77

General Assembly

Distr.: Limited
8 June 2011

Original: English

Sixty-fifth session
Agenda item 10
Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS

The General Assembly,

Adopts the Political Declaration on HIV/AIDS annexed to the present resolution.

Annex
Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2011 to review progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS[1] and the 2006 Political Declaration on HIV/AIDS,[2] with a view to guiding and intensifying the global response to HIV and AIDS by promoting continued political commitment and engagement of leaders in a comprehensive response at the community, local, national, regional and international levels to halt and reverse the HIV epidemic and mitigate its impact;

2. Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights;

3. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and the urgent need to scale up significantly our

[1] Resolution S-26/2, annex.
[2] Resolution 60/262, annex.

11-36784 (E) 090611

Please recycle

efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support;

4. Recognize that although HIV and AIDS are affecting every region of the world, each country's epidemic is distinctive in terms of drivers, vulnerabilities, aggravating factors and the populations that are affected, and therefore the responses from both the international community and the countries themselves must be uniquely tailored to each particular situation taking into account the epidemiological and social context of each country concerned;

5. Acknowledge the significance of this high-level meeting, which marks three decades since the first report of AIDS, ten years since the adoption of the Declaration of Commitment on HIV/AIDS and its time-bound measurable goals and targets, and five years since the adoption of the Political Declaration on HIV/AIDS and its commitment to urgently scale up responses towards achieving the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;

6. Reaffirm our commitment to the achievement of all the Millennium Development Goals, in particular Goal 6, and, recognizing the importance of rapidly scaling up efforts to integrate HIV and AIDS prevention, treatment, care and support with efforts to achieve those Goals, in this regard welcome the outcome of the 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals entitled "Keeping the promise: united to achieve the Millennium Development Goals";[1]

7. Recognize that HIV and AIDS constitute a global emergency, pose one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and require an exceptional and comprehensive global response that takes into account that the spread of HIV is often a consequence and cause of poverty;

8. Note with deep concern that despite substantial progress over the three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries, communities and families throughout the world, that more than 30 million people have died from AIDS, with another estimated 33 million people living with HIV, that more than 16 million children have been orphaned because of AIDS, that over 7,000 new HIV infections occur every day, mostly among people in low- and middle-income countries, and that less than half of the people living with HIV are believed to be aware of their infection;

9. Reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV and AIDS responses;

10. Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe, Central Asia, North Africa, the Middle East and parts of Asia and the Pacific;

[1] Resolution 65/1.

11. Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, people living with HIV, political and community leaders, parliaments, regional and subregional organizations, communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, workforces, the business sector, civil society and the media;

12. Welcome the exceptional efforts at the national, regional and international levels to implement the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and the important progress being achieved, including a more than 25 per cent reduction in the rate of new HIV infections in over 30 countries, the significant reduction in mother-to-child transmission of HIV, and the unprecedented expansion of access to HIV antiretroviral treatment to over 6 million people, resulting in the reduction of AIDS-related deaths by more than 20 per cent in the past five years;

13. Recognize that the worldwide commitment to the global HIV epidemic has been unprecedented since the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, represented by an over eight-fold increase in funding from $1.8 billion in 2001 to $16 billion in 2010, the largest amount dedicated to combating a single disease in history;

14. Express deep concern that funding devoted to HIV and AIDS responses is still not commensurate with the magnitude of the epidemic either nationally or internationally, and that the global financial and economic crisis continues to have a negative impact on the HIV and AIDS response at all levels, including the fact that for the first time international assistance has not increased from the levels in 2008 and 2009, and in this regard welcome the increased resources that are being made available as a result of the establishment by many developed countries of timetables to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015, stressing also the importance of complementary innovative sources of financing, in addition to traditional funding, including official development assistance to support national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS;

15. Stress the importance of international cooperation, including the role of North-South, South-South and triangular cooperation, in the global response to HIV and AIDS, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and recognize the shared but differentiated responsibilities and respective capacities of Governments and donor countries, as well as civil society, including the private sector, while noting that national ownership and leadership are absolutely indispensable in this regard;

16. Commend the Secretariat and the co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination and for the support they provide to countries through the Joint Programme;

17. Commend the Global Fund to Fight AIDS, Tuberculosis and Malaria for the vital role it is playing in mobilizing and providing funding for national and regional HIV and AIDS responses and in improving the predictability of financing over the long-term, and welcome the commitment of over $30 billion in funding from donors to date, including the significant pledges made by donors at the 2010 Global Fund

replenishment meeting; note with concern that while these pledges represented an increase in financing, they fall short of the amounts targeted by the Global Fund to further accelerate progress towards universal access, and recognize that to reach that goal it is imperative that the work of the Global Fund be supported and also that it be adequately funded;

18. Commend also the work of the International Drug Purchase Facility, based on innovative financing and focusing on accessibility, quality and price-reduction of antiretroviral drugs;

19. Welcome the United Nations Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners in support of national plans and strategies, to significantly reduce the number of maternal, newborn and under-five child deaths, as a matter of immediate concern, including by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition;

20. Recognize that agrarian economies are heavily affected by HIV and AIDS, which debilitate their communities and families with negative consequences for poverty eradication, that people die prematurely from AIDS because, inter alia, poor nutrition exacerbates the impact of HIV on the immune system and compromises its ability to respond to opportunistic infections and diseases, and that HIV treatment, including antiretroviral treatment, should be complemented with adequate food and nutrition;

21. Remain deeply concerned that globally women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the care-giving burden, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, including for sexual and reproductive health, and all forms of discrimination and violence, including sexual violence and exploitation against them;

22. Welcome the establishment of UN-Women as a new stakeholder that can play an important role in global efforts to combat HIV by promoting gender equality and the empowerment of women, which are fundamental for reducing the vulnerability of women to HIV, and the appointment of the first Executive Director of UN-Women;

23. Welcome the adoption of the Convention on the Rights of Persons with Disabilities,[4] and recognize the need to take into account the rights of persons with disabilities as set forth in that Convention, in particular with regard to health, education, accessibility and information, in the formulation of our global response to HIV and AIDS;

24. Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments to ensure an enabling legal environment supportive of effective national responses to HIV and AIDS;

25. Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young

[4] Resolution 61/106, annex I.

people becoming infected with HIV each day, and note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves that only 34 per cent of young people possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual health-care and HIV-related services, such as voluntary and confidential HIV-testing, counselling and age-appropriate sex and HIV prevention education, while also recognizing the importance of reducing risk taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms;

26. Note with alarm the rise in the incidence of HIV among people who inject drugs and that, despite continuing increased efforts by all relevant stakeholders, the drug problem continues to constitute a serious threat to, among other things, public health and safety and the well-being of humanity, in particular children and young people and their families, and recognize that much more needs to be done to effectively combat the world drug problem;

27. Recall our commitment that prevention must be the cornerstone of the global HIV and AIDS response, but note that many national HIV prevention programmes and spending priorities do not adequately reflect this commitment, that spending on HIV prevention is insufficient to mount a vigorous, effective and comprehensive global HIV prevention response, that national prevention programmes are often not sufficiently coordinated and evidence-based, that prevention strategies do not adequately reflect infection patterns or sufficiently focus on populations at higher risk of HIV, and that only 33 per cent of countries have prevalence targets for young people and only 34 per cent have specific goals in place for condom programming;

28. Note with concern that national prevention strategies and programmes are often too generic in nature and do not adequately respond to infection patterns and the disease burden; for example, where heterosexual sex is the dominant mode of transmission, married or cohabitating individuals, including those in sero-discordant relationships, account for the majority of new infections but they are not sufficiently targeted with testing and prevention interventions;

29. Note that many national HIV prevention strategies inadequately focus on populations that epidemiological evidence shows are at higher risk, specifically men who have sex with men, people who inject drugs and sex workers, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological and national context;

30. Note with grave concern that despite the near elimination of mother-to-child transmission of HIV in high-income countries and the availability of low-cost interventions to prevent transmission, approximately 370,000 infants were estimated to have been infected with HIV in 2009;

31. Note with concern that prevention, treatment, care and support programmes have been inadequately targeted or made accessible to persons with disabilities;

32. Recognize that access to safe, effective, affordable, good-quality medicines and commodities in the context of epidemics such as HIV is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health;

33. Express grave concern that the majority of low- and middle-income countries did not meet their universal access to HIV treatment targets, despite the major achievement of expansion in providing access to antiretroviral treatment to over 6 million people living with HIV in low- and middle-income countries, that there are at least 10 million people living with HIV who are medically eligible to start antiretroviral treatment now, that discontinued treatment is a threat to treatment efficacy, and that the sustainability of providing life-long HIV treatment is threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding and by the number of new HIV infections outpacing the number of people starting HIV treatment by a factor of two to one;

34. Recognize the pivotal role of research in underpinning progress in HIV prevention, treatment, care and support and welcome the extraordinary advances in scientific knowledge about HIV and its prevention and treatment, but note with concern that most new treatments are not available or accessible in low- and middle-income countries and even in developed countries there are often significant delays in accessing new HIV treatments for people not responding to currently available treatment; and affirm the importance of social and operational research in improving our understanding of factors that influence the epidemic and actions that address it;

35. Recognize the critical importance of affordable medicines, including generics in scaling up access to affordable HIV treatment; and further recognize that protection and enforcement measures for intellectual property rights should be compliant with Trade-Related Aspects of Intellectual Property Rights Agreement and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all;

36. Note with concern that regulations, policies and practices, including those that limit legitimate trade of generic medicines, may seriously limit access to affordable HIV treatment and other pharmaceutical products in low- and middle-income countries, and recognize that improvements can be made, inter alia through national legislation, regulatory policy and supply chain management, and note that reductions in barriers to affordable products could be explored in order to expand access to affordable and good quality HIV prevention products, diagnostics, medicine and treatment commodities for HIV, including for opportunistic infections and co-infections;

37. Recognize that there are additional means to reverse the global epidemic and avert millions of HIV infections and AIDS-related deaths, and in this context also recognize that new and potential scientific evidence is available that could contribute to the effectiveness and scaling up of prevention, treatment, care and support programmes;

38. Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights[5] and other instruments relating to human rights and international law; and emphasize the importance of cultural, ethical and religious values, the vital role of the family and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the

[5] Resolution 217 A (III).

particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care;

39. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support, recognize that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including their families, is also a critical element in combating the global HIV epidemic, and recognize also the need, as appropriate, to strengthen national policies and legislation to address such stigma and discrimination;

40. Recognize that close cooperation with people living with HIV and populations at higher risk of HIV infection will facilitate the achievement of a more effective HIV and AIDS response, and emphasize that people living with and affected by HIV, including their families, should enjoy equal participation in social, economic and cultural activities, without prejudice and discrimination, and that they should have equal access to health care and community support as all members of the community;

41. Recognize that access to sexual and reproductive health has been and continues to be essential for HIV and AIDS responses, and that Governments have the responsibility to provide for public health, with special attention to families, women and children;

42. Recognize the importance of strengthening health systems, in particular primary health care and the need to integrate the HIV response into it, and note that weak health systems, which already face many challenges, including a lack of trained and retention of skilled health workers, are among the biggest barriers to access HIV/AIDS-related services;

43. Reaffirm the central role of the family, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth-friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible;

44. Recognize the role that community organizations play, including those run by people living with HIV, in sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary health-care approach;

45. Acknowledge that the current trajectory of costs of HIV programmes is not sustainable and that programmes must become more cost-effective and evidence-based and deliver better value for money, and that poorly coordinated and transaction-heavy responses and lack of proper governance and financial accountability impede progress;

46. Note with concern that evidence-based responses, which must be informed by data disaggregated by incidence and prevalence, including by age, sex and mode of transmission, continue to require stronger measuring tools, data management systems and improved monitoring and evaluation capacity at the national and regional levels;

47. Note the relevant strategies of the Joint United Nations Programme on HIV/AIDS and the World Health Organization on HIV and AIDS;

48. Recognize that the deadlines for achieving key targets and goals set out in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS have now expired, while noting with deep concern that many countries have been unable to fulfil their pledges to achieve them, and stress the urgent need to recommit to those targets and goals and commit to new, ambitious and achievable targets and goals building on the impressive advances of the past 10 years and addressing barriers to progress and new challenges through a revitalized and enduring HIV and AIDS response;

49. Therefore, we solemnly declare our commitment to end the epidemic with renewed political will and strong, accountable leadership and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions as set out below, taking into account the diverse situations and circumstances in different countries and regions throughout the world;

Leadership: uniting to end the HIV epidemic

50. Commit to seize this turning point in the HIV epidemic and through decisive, inclusive and accountable leadership to revitalize and intensify the comprehensive global HIV and AIDS response by recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and by fully implementing the commitments, goals and targets contained in the present Declaration;

51. Commit to redouble efforts to achieve, by 2015, universal access to HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic, with a view to achieving Millennium Development Goal 6, in particular to halt and begin to reverse by 2015 the spread of HIV;

52. Reaffirm our determination to achieve all the Millennium Development Goals, in particular Goal 6, and recognize the importance of rapidly scaling up efforts to integrate HIV prevention, treatment, care and support with efforts to achieve these goals;

53. Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence, and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

54. Commit by 2012 to update and implement, through inclusive, country-led and transparent processes and multisectoral national HIV and AIDS strategies and plans, including financing plans, which include time bound goals to be reached in a targeted, equitable and sustained manner, to accelerate efforts to achieve universal access to HIV prevention, treatment, care and support by 2015, and address unacceptably low prevention and treatment coverage;

55. Commit to increase national ownership of HIV and AIDS responses, while calling on the United Nations system, donor countries, the Global Fund to Fight AIDS, TB and Malaria, the business sector and international and regional organizations, to support Member States in ensuring that nationally driven, credible, costed, evidence-based, inclusive and comprehensive national HIV and AIDS strategic plans are, by 2013, funded and implemented with transparency, accountability and effectiveness in line with national priorities;

56. Commit to encouraging and supporting the active involvement and leadership of young people, including those living with HIV, in the fight against the epidemic at the local, national and global levels, and agree to work with these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;

57. Commit to continue engaging people living with and affected by HIV in decision-making, and planning, implementing and evaluating the response, and to partner with local leaders and civil society, including community-based organizations, to develop and scale up community-led HIV services and to address stigma and discrimination;

Prevention: expand coverage, diversify approaches and intensify efforts to end new HIV infections

58. Reaffirm that prevention of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;

59. Commit to redouble HIV prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values, including through, but not limited to:

(a) Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV;

(b) Harnessing the energy of young people in helping to lead global HIV awareness;

(c) Reducing risk-taking behaviour and encouraging responsible sexual behaviour including abstinence, fidelity and consistent and correct use of condoms;

(d) Expanding access to essential commodities, particularly male and female condoms and sterile injecting equipment;

(e) Ensuring that all people, particularly young people, have the means to exploit the potential of new modes of connection and communication;

(f) Significantly expanding and promoting voluntary and confidential HIV testing and counselling and provider-initiated HIV testing and counselling;

(g) Intensifying national testing promotion campaigns for HIV and other sexually transmitted infections;

(h) Giving consideration, as appropriate, to implementing and expanding risk and harm reduction programmes, taking into account the *WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* in accordance with national legislation;

(i) Promoting medical male circumcision where HIV prevalence is high and male circumcision rates are low;

(j) Sensitizing and encouraging the active engagement of men and boys in promoting gender equality;

(k) Facilitating access to sexual and reproductive health-care services;

(l) Ensuring that women of child-bearing age have access to HIV prevention-related services and that pregnant women have access to antenatal care, information, counselling and other HIV services, and increasing the availability of and access to effective treatment for women living with HIV and infants;

(m) Strengthening evidence-based health sector prevention interventions, including in rural and hard to reach places;

(n) Deploying new biomedical interventions as soon as they are validated, including female-initiated prevention methods such as microbicides, HIV treatment prophylaxis, earlier treatment as prevention, and an HIV vaccine;

60. Commit to ensure that financial resources for prevention are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and populations vulnerable to HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible, and to ensuring that particular attention is paid to women and girls, young people, orphans and vulnerable children, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities, depending on local circumstances;

61. Commit to ensure that national prevention strategies comprehensively target populations at higher risk and that systems of data collection and analysis about these populations are strengthened; and to take measures to ensure that HIV services, including voluntary and confidential HIV testing and counselling, are accessible to these populations so that they are encouraged to access HIV prevention, treatment, care and support;

62. Commit to working towards reducing sexual transmission of HIV by 50 per cent by 2015;

63. Commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;

64. Commit to working towards the elimination of mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths;

Treatment, care and support: eliminating AIDS-related illness and death

65. Pledge to intensify efforts that will help to increase the life expectancy and quality of life of all people living with HIV;

66. Commit to accelerate efforts to achieve the goal of universal access to antiretroviral treatment for those eligible based on World Health Organization HIV treatment guidelines that indicate timely initiation of quality assured treatment for its maximum benefit, with the target of working towards having 15 million people living with HIV on antiretroviral treatment by 2015;

67. Commit to support the reduction of unit costs and improve HIV treatment delivery, including through, inter alia, provision of good quality, affordable, effective, less toxic and simplified treatment regimens that avert drug resistance, simple, affordable diagnostics at point-of-care, cost reductions for all major elements of treatment delivery, mobilization and capacity-building of communities to support treatment scale-up and patient retention, programmes that support improved treatment adherence, directing particular efforts towards hard-to-reach populations far from physical health-care facilities and programmes and those in informal settlement settings and other locations where health-care facilities are inadequate, and recognizing the supplementary prevention benefits from treatment alongside other prevention efforts;

68. Commit to develop and implement strategies to improve infant HIV diagnosis, including through access to diagnostics at point-of-care, significantly increase and improve access to treatment for children and adolescents living with HIV, including access to prophylaxis and treatments for opportunistic infections, as well as increased support to children and adolescents through increased financial, social and moral support for their parents, families and legal guardians, and promote a smooth transition from paediatric to young adult treatment and related support and services;

69. Commit to promote services that integrate prevention, treatment and care of co-occurring conditions, including tuberculosis and hepatitis, improve access to quality, affordable primary health care, comprehensive care and support services, including those which address physical, spiritual, psychosocial, socio-economic, and legal aspects of living with HIV, and palliative care services;

70. Commit to take immediate action on the national and global levels to integrate food and nutritional support into programmes directed to people affected by HIV, in order to ensure access to sufficient, safe and nutritious food to enable people to meet their dietary needs and food preferences, for an active and healthy life as part of a comprehensive response to HIV and AIDS;

71. Commit to remove before 2015, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

(a) The use, to the full, of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement specifically geared to promoting access to and trade of medicines, and, while recognizing the importance of the intellectual property rights regime in contributing towards a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the

amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

(b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help reduce costs associated with life-long chronic care, and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade of medicines, and to provide for safeguards against the abuse of such measures and procedures;

(c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

72. Urge relevant international organizations, upon request and in accordance with their respective mandates, such as, where appropriate, the World Intellectual Property Organization, the United Nations Industrial Development Organization, the United Nations Development Programme, the United Nations Conference on Trade and Development, the World Trade Organization and the World Health Organization, to provide national Governments of developing countries with technical and capacity-building assistance for the efforts of those Governments to increase access to HIV medicines and treatment, in accordance with the national strategies of each Government, consistent with, and including through the use of, existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement, as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

73. Commit by 2015 to address factors that limit treatment uptake and contribute to treatment stock-outs and delays in drug production and delivery, inadequate storage of medicines, patient drop-out, including inadequate and inaccessible transportation to clinical sites, lack of accessibility of information, resources and sites, especially to persons with disabilities, sub-optimal management of treatment-related side effects, poor adherence to treatment, out-of-pocket expenses for non-drug components of treatment, loss of income associated with clinic attendance, and inadequate human resources for health care;

74. Call on pharmaceutical companies to take measures to ensure timely production and delivery of affordable, good quality and effective antiretroviral medicines so as to contribute to maintaining an efficient national system of distribution of these medicines;

75. Expand efforts to combat tuberculosis, which is a leading cause of death among people living with HIV, by improving tuberculosis screening, tuberculosis prevention, access to diagnosis and treatment of tuberculosis and drug-resistant tuberculosis and access to antiretroviral therapy, through more integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015, and commit by 2015 to work towards reducing tuberculosis deaths in people living with HIV by 50 per cent;

76. Commit to reduce the high rates of HIV and hepatitis B and C co-infection by developing as soon as practicable an estimate of the global treatment need,

increasing efforts towards the development of a vaccination for hepatitis C and rapidly expanding access to appropriate vaccination for hepatitis B and diagnostics and treatment of HIV and hepatitis co-infections;

Advancing human rights to reduce stigma, discrimination and violence related to HIV

77. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV;

78. Commit to review, as appropriate, laws and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV, and consider their review in accordance with relevant national review frameworks and time frames;

79. Encourage Member States to consider identifying and reviewing any remaining HIV-related restrictions on entry, stay and residence so as to eliminate them;

80. Commit to national HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, including their families, including through sensitizing the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;

81. Commit to ensuring that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

82. Commit to strengthen national social and child protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development to full potential of orphans and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support to children and their families and caregivers, especially age-appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities;

83. Commit to promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms for young people, particularly those living with HIV and those at higher risk of HIV infection, so as to eliminate the stigma and discrimination they face;

84. Commit to address, according to national legislation, the vulnerabilities to HIV experienced by migrant and mobile populations and support their access to HIV prevention, treatment, care and support;

85. Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including Recommendation No. 200, and call on employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support;

Resources for the AIDS response

86. Commit to working towards closing the global HIV and AIDS resource gap by 2015, currently estimated by the Joint United Nations Programme on HIV/AIDS to be $6 billion annually, through greater strategic investment, continued domestic and international funding to enable countries to access predictable and sustainable financial resources and sources of innovative financing, and by ensuring that funding flows through country finance systems, where appropriate and available, and is aligned with accountable and sustainable national HIV and AIDS and development strategies that maximize synergies and deliver sustainable programmes that are evidence-based and implemented with transparency, accountability and effectiveness;

87. Commit to breaking the upward trajectory of costs through the efficient utilization of resources, addressing barriers to the legal trade of generics and other low-cost medicines, improving the efficiency of prevention by targeting interventions to deliver more efficient, innovative and sustainable programmes for the HIV and AIDS response, in accordance with national development plans and priorities, and ensuring that synergies are exploited between the HIV and AIDS response and efforts to achieve the internationally agreed development goals, including the Millennium Development Goals;

88. Commit by 2015, through a series of incremental steps and through our shared responsibility, to reach a significant level of annual global expenditure on HIV and AIDS, while recognizing that the overall target estimated by the Joint United Nations Programme on HIV/AIDS is between $22 billion and $24 billion in low- and middle-income countries, by increasing national ownership of HIV and AIDS responses through greater allocations from national resources and traditional sources of funding, including official development assistance;

89. Strongly urge those developed countries which have pledged to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015, and urge those developed countries that have not yet done so, to make additional concrete efforts to fulfil their commitments in this regard;

90. Strongly urge African countries that adopted the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and other Diseases to take concrete measures to meet the target of allocating at least 15 per cent of their annual budget to the improvement of the health sector, in accordance with the Abuja Declaration and Framework for Action;

91. Commit to enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results-orientation;

92. Commit to supporting and strengthening existing financial mechanisms, including the Global Fund and relevant United Nations organizations, through the provision of funds in a sustained and predictable manner, in particular to those countries with low and middle incomes with a high disease burden or a large number of people living with and affected by HIV;

93. Recommit to fully implementing the enhanced Heavily Indebted Poor Countries Initiative and agree to cancel all eligible bilateral official debts of qualified countries within the Initiative, who reach the completion point under the initiative, in particular the countries most affected by HIV and AIDS, and urge the use of debt service savings, inter alia, to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV and AIDS and other infections;

94. Commit to scaling up new, voluntary and additional innovative financing mechanisms to help address the shortfall of resources available for the global HIV and AIDS response and to improve the financing of the HIV and AIDS response over the long term, and to accelerating efforts to identify innovative financing mechanisms that will generate additional financial resources for HIV and AIDS to complement national budgetary allocations and official development assistance;

95. Appreciate that the Global Fund to Fight AIDS, Tuberculosis and Malaria is a pivotal mechanism for achieving universal access to prevention, treatment, care and support by 2015, recognize the programme for reform of the Global Fund, and encourage Member States, the business community, including foundations, and philanthropists to provide the highest level of support for the Global Fund, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment process;

Strengthening health systems and integrating HIV and AIDS into broader health and development

96. Commit to redouble efforts to strengthen health systems, including primary health care, particularly in developing countries, through measures such as allocating national and international resources, appropriate decentralization of HIV and AIDS programmes to improve access for communities, including rural and hard-to-reach populations, integration of HIV and AIDS programmes into primary health care, sexual and reproductive health-care services and specialized infectious disease services, improving planning for institutional, infrastructure and human resource needs, improving supply chain management within health systems, and increasing human resource capacity for the response, including by scaling up the training and retention of human resources for health policy and planning, health-care personnel, consistent with the World Health Organization voluntary Global Code of Practice on

the International Recruitment of Health Personnel, community health workers and peer educators, and with support from and in partnership with international and regional organizations, the business sector and civil society, as appropriate;

97. Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity, improved surveillance systems, and data collection, processing and dissemination, and training basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of a rapid expansion of the epidemic;

98. Commit by 2015 to working with partners to direct resources to and strengthen the advocacy, policy and programmatic links between HIV and tuberculosis responses, primary health-care services, sexual and reproductive health, maternal and child health, hepatitis B and C, drug dependence, non-communicable diseases and overall health systems, leverage health-care services to prevent mother-to-child transmission of HIV, strengthen the interface between HIV services, related sexual and reproductive health care and services and other health services, including maternal and child health, eliminate parallel systems for HIV-related services and information where feasible, and strengthen linkages among national and global efforts concerned with human and national development, including poverty eradication, preventative health care, enhanced nutrition, access to safe and clean drinking water, sanitation, education and the improvement of livelihoods;

99. Commit to supporting all national, regional and global efforts to achieve the Millennium Development Goals, including those undertaken through North-South, South-South and triangular cooperation, to improve comprehensive and integrated HIV prevention, treatment, care and support programmes, as well as tuberculosis, sexual and reproductive health, malaria and maternal and child health care;

Research and development: the key to preventing, treating and curing HIV

100. Commit to investing in accelerated basic research on the development of sustainable and affordable HIV and tuberculosis diagnostics and treatments for HIV and its associated co-infections, microbicides and other new prevention technologies, including female-controlled prevention methods, rapid diagnostic and monitoring technologies, as well as biomedical operations, social, cultural and behavioural and traditional medicine research and continue to build national research capacity, especially in developing countries, through increased funding and public-private partnerships, and create a conducive environment for research and ensure that it is based on the highest ethical and scientific standards and strengthening national regulatory authorities;

101. Commit to accelerate research and development for a safe, affordable, effective and accessible vaccine and for a cure for HIV, while ensuring that sustainable systems for vaccine procurement and equitable distribution are also developed;

Coordination, monitoring and accountability: maximizing the response

102. Commit to having effective evidence-based operational monitoring and evaluation and mutual accountability mechanisms between all stakeholders to support multisectoral national strategic plans for HIV and AIDS to fulfil the

commitments in the present Declaration, with the active involvement of people living with, affected by and vulnerable to HIV, and other relevant civil society and private sector stakeholders;

103. Commit to revise by the end of 2012 the recommended framework of core indicators that reflect the commitments made in the present Declaration and to develop additional measures, where necessary, to strengthen national, regional and global coordination and monitoring mechanisms of HIV and AIDS responses through inclusive and transparent processes with the full involvement of Member States and other relevant stakeholders, with the support of the Joint United Nations Programme on HIV/AIDS;

Follow up: sustaining progress

104. Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response and in particular those contained in the present Declaration, facilitate intensified North-South, South-South and triangular cooperation, as well as regional, subregional and interregional cooperation and coordination, and, in this regard, continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV;

105. Request the Secretary-General to provide an annual report to the General Assembly on progress achieved in realizing the commitments made in the present Declaration, and, with support from the Joint United Nations Programme on HIV/AIDS, report progress to the Assembly in accordance with global reporting on the Millennium Development Goals at the 2013 and subsequent Millennium Development Goal reviews.